

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO. <b>097831019</b>		FILING DATE <b>17 JUL 2007</b>	
						APPLICANT(S) <i>Long</i>			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1			/				51		
2				/			52		
3				/			53		
4				/			54		
5				/			55		
6				/			56		
7				/			57		
8				/			58		
9				/			59		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			1				TOTAL IND.		
TOTAL DEP.			12				TOTAL DEP.		
TOTAL CLAIMS			13				TOTAL CLAIMS		